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GOOLE



Annual Report

OF THE

Medical Officer of Health



1956



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GOOLE
RURAL DISTRICT COUNCIL

Chairman :

Councillor H. S. WOOD, J.P.

Vice-Chairman :

Councillor C. W. HARTLEY.

Medical Officer of Health :

S. KENNAUGH APPLETON, M.D., Ch.B., D.P.H., D.T.M.

Public Health Inspector :

R. PLEWES, M.Inst.M.E., A.R.S.I. (retired 30/4/56).

J. ALLAN POTTS, A.M.I.S.E., M.S.I.A. (appointed 1/5/56).

To the Chairman and Members of the GOOLE RURAL DISTRICT COUNCIL

GENTLEMEN,

I have the honour to present to you my Tenth Annual Report on the health of the District and the work of the Health Department for the year 1956.

The mid-1956 estimated population, as calculated by the Registrar-General, was 9,160, an increase of 20 on the 1955 figure. The excess of births over deaths was 53.

The Birth Rate was 14·1 per thousand population (Adjusted Birth Rate 13·7), which is well below the W.R. Rural District Aggregate Rate of 17·7 and Rate for England and Wales of 15·7.

The Crude Death Rate of 8·3 (Adjusted Death Rate 8·9) was the lowest ever recorded for the District. The W.R. Rural Rate was 9·8, and that for England and Wales 11·7.

Of the 76 deaths, 34 (44·7%) occurred at the age of 75 years and over; of these, 7 were over 85 years and 4 over 90 years.

There were 4 Infant Deaths, giving a Rate of 31·0 per thousand live births. The W.R. Rural Rate was 30·0 and the Rate for England and Wales at 23·8 was a new low record.

Infectious disease notifications totalled 63. More than half were whooping cough, but no cases occurred amongst children who had been immunised.

Registration for vaccination against poliomyelitis was made available in the early part of the year and the parents of 370 children born between 1947 and 1954 applied. Unfortunately, the production of vaccine was so limited that only 35 vaccinations could be completed before injections were discontinued for the summer. No further supplies of vaccine became available during the year.

The Vital Statistics tables have been revised and now list the figures for the last six years, and the mean rates for ten yearly periods since the beginning of the century. This enables a more informative comparison to be made.

I include a summary of the Report on lung cancer for information and record. Although the 18 deaths from lung cancer in the District during the last ten years give a rate well below the National figure, it is by no means insignificant, and certainly not a reason for complacency.

Miss F. Welford, who has been the County Health Visitor for this District for 34 years, retired in April, 1957. Besides taking an active part in the development of the M. and C.W. Services, she has had the satisfaction of serving three generations. I trust she has a long and happy retirement.

In May, Mr. J. Allan Potts took up the appointment of Surveyor and Public Health Inspector, and I hope that he will have a long and harmonious association with this Local Authority.

In conclusion, I wish to express my thanks to the Members and Officials of the Council for their helpful co-operation, and to the Voluntary Committees for their services at the Clinics.

I remain,

Your obedient servant,

S. KENNAUGH APPLETON,

Medical Officer of Health.

July, 1957.

CANCER OF THE LUNG

On the 27th June, 1957, the Minister of Health informed the House of Commons that: "The Medical Research Council have advised the Government that the most reasonable interpretation of the very great increase in deaths from lung cancer in males during the past 25 years is that a major part of it is caused by smoking tobacco, particularly heavy cigarette smoking."

The great increase in the death rate from lung cancer is progressive and the 1955 rate was more than double that for 1945.

In 1956, 18,000 died from lung cancer, and it accounts for about 1 in 18 of all male deaths and 1 in 103 of all female deaths.

A carefully compiled epidemiological survey carried out in this country, and confirmed by similar surveys elsewhere, has shown with regard to lung cancer in men:

- (1) a higher mortality in smokers than in non-smokers ;
- (2) a higher mortality in heavy smokers than in light smokers ;
- (3) a higher mortality in cigarette smokers than in pipe smokers ;
- (4) a higher mortality in those who continued to smoke than in those who gave it up.

The death rate amongst heavy cigarette smokers was found to be nearly 40 times the rate amongst non-smokers. The evidence suggests that the proportion of lifelong heavy cigarette smokers who will die of lung cancer is approximately 1 in 8, but for non-smokers it is only about 1 in 300. An important point is that those who give up smoking, even in their early forties, may reduce the likelihood of developing the disease by 50%.

In the Goole Rural District during the ten years 1947-1956, 15 males and 3 females died of cancer of the lung or bronchus. The total for 1956 was 2 deaths.

Knowledge of the cause of the disease is incomplete, and evidence by clinical experiment in man impossible, but the evidence from many investigations is highly significant in incriminating cigarette smoking. In the opinion of the Medical Research Council the most reasonable interpretation of the evidence is that the relationship is one of direct cause and effect.

That being so, it is the duty of local health authorities who are responsible for health education to take all appropriate measures to ensure that the public is fully informed of the risk associated with smoking.

Once the risk is known, established cigarette smokers will have to make a decision. Some will stop smoking altogether ; some will stop smoking cigarettes ; more will modify their smoking habits ; others, being unable or unwilling to alter this addiction, will take shelter behind a veil of scepticism ; for some it is already too late.

It is to be hoped that those who continue to smoke heavily, for whatever reason, will not be indifferent to or biased against the necessity to educate the public, particularly children and adolescents, about this known risk of lung cancer in smokers.

"If thyself thou canst not save, lead not others into the trap."—Old Chinese proverb.

1956

GENERAL STATISTICS

Area of Rural District	...	...	...	...	38,238	acres
Population (mid-1956)	...	...	...	...	...	9,160
Number of Inhabited Houses	...	...	...	...	...	2,930
Rateable Value (1/4/57)	...	...	...	...	...	£55,671
Estimated Product of Penny Rate (1/4/57)	...				£233/-/-	

VITAL STATISTICS

	GOOLE R.D.	West Riding R.D.s.	Aggregate West Riding R.D.s.	West Riding & Wales Admin. (provi- County sional)
BIRTH RATE				
(per 1,000 population) ...	14·1	17·7	16·4	15·7
CRUDE DEATH RATES				
(per 1,000 population)				
All causes 8·3	9·8	11·8	11·7	
Infective and Parasitic Diseases 0	0·06	0·07	—	
Respiratory Tuberculosis ... 0	0·12	0·11	0·11	
Other forms of Tuberculosis 0	0·02	0·02	0·01	
Respiratory Diseases (excluding Respiratory Tuberculosis) 0·76	1·07	1·29	—	
Cancer 1·86	1·50	1·89	2·08	
Heart and Circulatory Diseases 3·28	3·71	4·47	—	
Vascular Lesions of Nervous System 0·76	1·36	1·86	—	
INFANT MORTALITY				
(Deaths under one year per 1,000 live births) ... 31·0	30·0	27·1	23·8	
Stillbirths 51·5	22·2	23·1	23·0	
MATERNAL MORTALITY				
Deaths of mothers in child-birth per 1,000 total births 0	0·12	0·52	0·56	
COMPARABILITY FACTORS				
For Births 0·97	Adjusted Birth Rate ...	13·7		
For Deaths 1·07	Adjusted Death Rate ...	8·9		

BIRTHS

				Male.	Female.	Total.
LIVE BIRTHS:	Legitimate	...	...	58	65	123
	Illegitimate	...	...	5	1	6
				—	—	—
	Total	...	...	63	66	129
STILLBIRTHS	...	...	...	2	5	7

Birth and Death Rates for Six Years and Mean Rates for Decennial Periods

BIRTH RATE

(per 1,000 population)

1956	...	...	...	14·1	1901-1910	...	...	27·4
1955	...	...	...	13·1	1911-1920	...	...	23·6
1954	...	...	...	14·6	1921-1930	...	...	22·1
1953	...	...	...	17·6	1931-1940	...	...	16·2
1952	...	...	...	14·7	1941-1950	...	...	18·3
1951	...	...	...	17·2	1951-1955	...	...	15·4

STILLBIRTHS

(per 1,000 total births)

1956	...	...	...	51·5	1901-1910	...	...	—
1955	...	...	...	40·0	1911-1920	...	...	—
1954	...	...	...	21·9	1921-1930	...	...	—
1953	...	...	...	6·2	1931-1940	...	...	39·1
1952	...	...	...	14·8	1941-1950	...	...	33·2
1951	...	...	...	6·3	1951-1955	...	...	17·8

ILLEGITIMATE BIRTHS

(per 1,000 total births)

1956	...	...	...	44·1	1901-1910	...	...	67·8
1955	...	...	...	56·0	1911-1920	...	...	88·6
1954	...	...	...	29·2	1921-1930	...	...	72·1
1953	...	...	...	49·4	1931-1940	...	...	49·3
1952	...	...	...	51·9	1941-1950	...	...	71·6
1951	...	...	...	59·7	1951-1955	...	...	49·2

INFANTILE MORTALITY

(per 1,000 live births)

1956	...	...	...	31·0	1901-1910	...	...	134·7
1955	...	...	...	33·3	1911-1920	...	...	100·4
1954	...	...	...	29·9	1921-1930	...	...	82·6
1953	...	...	...	37·3	1931-1940	...	...	59·0
1952	...	...	...	30·1	1941-1950	...	...	43·3
1951	...	...	...	63·3	1951-1955	...	...	38·8

NEONATAL MORTALITY

(deaths in first month per 1,000 live births)

1956	...	...	...	7·8	1901-1910	...	...	24·5
1955	...	...	...	25·0	1911-1920	...	...	25·5
1954	...	...	...	29·9	1921-1930	...	...	22·3
1953	...	...	...	31·1	1931-1940	...	...	26·6
1952	...	...	...	22·6	1941-1950	...	...	19·8
1951	...	...	...	19·0	1951-1955	...	...	25·5

**Birth and Death Rates for Six Years
and Mean Rates for Decennial Periods**

MATERNAL MORTALITY

(per 1,000 total births)

1956	...	...	...	0	1901-1910	...	...	5·33
1955	...	...	...	0	1911-1920	...	...	4·74
1954	...	...	...	0	1921-1930	...	...	3·92
1953	...	...	...	0	1931-1940	...	...	4·54
1952	...	...	...	0	1941-1950	...	...	1·17
1951	...	...	...	6·3	1951-1955	...	...	1·26

TOTAL DEATH RATE

(per 1,000 population)

1956	...	...	...	8·3	1901-1910	...	...	15·7
1955	...	...	...	9·7	1911-1920	...	...	14·7
1954	...	...	...	10·7	1921-1930	...	...	12·1
1953	...	...	...	10·1	1931-1940	...	...	11·5
1952	...	...	...	9·3	1941-1950	...	...	11·3
1951	...	...	...	12·4	1951-1955	...	...	10·4

DISEASES OF HEART AND CIRCULATION

1956	...	...	...	3·28	1901-1910	...	...	1·71
1955	...	...	...	2·63	1911-1920	...	...	1·03
1954	...	...	...	4·04	1921-1930	...	...	2·22
1953	...	...	...	3·39	1931-1940	...	...	3·73
1952	...	...	...	3·64	1941-1950	...	...	3·54
1951	...	...	...	4·47	1951-1955	...	...	3·63

VASCULAR DISEASES OF CENTRAL NERVOUS SYSTEM

1956	...	...	...	0·76	1901-1910	...	...	—
1955	...	...	...	1·53	1911-1920	...	...	—
1954	...	...	...	0·66	1921-1930	...	...	0·79
1953	...	...	...	0·44	1931-1940	...	...	0·76
1952	...	...	...	1·10	1941-1950	...	...	0·97
1951	...	...	...	0·98	1951-1955	...	...	0·94

CANCER

1956	...	...	...	1·86	1901-1910	...	...	0·88
1955	...	...	...	1·75	1911-1920	...	...	1·04
1954	...	...	...	1·42	1921-1930	...	...	1·37
1953	...	...	...	2·08	1931-1940	...	...	1·28
1952	...	...	...	1·76	1941-1950	...	...	1·70
1951	...	...	...	1·85	1951-1955	...	...	1·77

**Birth and Death Rates for Six Years
and Mean Rates for Decennial Periods**

RESPIRATORY DISEASES

1956	...	...	...	0·76	1901-1910	...	...	2·48
1955	...	...	...	1·42	1911-1920	...	...	1·88
1954	...	...	...	1·09	1921-1930	...	...	1·45
1953	...	...	...	1·42	1931-1940	...	...	0·77
1952	...	...	...	0·66	1941-1950	...	...	0·95
1951	...	...	...	1·53	1951-1955	...	...	1·22

INFECTIVE AND PARASITIC DISEASES

1956	...	...	...	0	1901-1910	...	...	1·22
1955	...	...	...	0·11	1911-1920	...	...	1·26
1954	...	...	...	0	1921-1930	...	...	0·57
1953	...	...	...	0	1931-1940	...	...	0·23
1952	...	...	...	0·22	1941-1950	...	...	0·15
1951	...	...	...	0·11	1951-1955	...	...	0·09

RESPIRATORY TUBERCULOSIS

1956	...	...	...	0	1901-1910	...	...	0·73
1955	...	...	...	0	1911-1920	...	...	0·67
1954	...	...	...	0·11	1921-1930	...	...	0·61
1953	...	...	...	0	1931-1940	...	...	0·33
1952	...	...	...	0·22	1941-1950	...	...	0·37
1951	...	...	...	0·11	1951-1955	...	...	0·18

NON-RESPIRATORY TUBERCULOSIS

1956	...	...	...	0	1901-1910	...	...	0·70
1955	...	...	...	0	1911-1920	...	...	0·30
1954	...	...	...	0	1921-1930	...	...	0·29
1953	...	...	...	0·11	1931-1940	...	...	0·13
1952	...	...	...	0	1941-1950	...	...	0·09
1951	...	...	...	0	1951-1955	...	...	0·02

CAUSES OF DEATH

1956

					Male.	Female.	Total.
Influenza	...	...	...	...	0	1	1
Tuberculosis (Respiratory)	...	...	...	0	0	0	0
Tuberculosis (other forms)	...	...	...	0	0	0	0
Malignant Neoplasms	...	...	...	6	11	17	
Diabetes	...	...	...	0	0	0	0
Vascular Lesions of Nervous System	...	...	...	5	2	7	
Heart Diseases	...	...	...	17	11	28	
Other Diseases of Circulatory System	...	...	...	1	1	2	
Bronchitis	...	...	...	4	0	4	
Other Respiratory Diseases	...	...	...	0	0	0	
Ulcer of Stomach and Duodenum	...	...	...	0	0	0	
Hyperplasia of Prostate	...	...	...	0	—	0	
Other Infective Conditions	...	...	...	0	0	0	
Nephritis	...	...	...	0	1	1	
Maternal Causes	...	...	...	—	0	0	
Congenital Causes	...	...	...	0	0	0	
Pneumonia	...	...	...	2	0	2	
Suicide	...	...	...	0	0	0	
Motor Vehicle Accidents	...	...	...	1	1	2	
Other Accidents	...	...	...	2	1	3	
All Other Causes	...	...	...	3	6	9	
				—	—	—	
Totals	...	...	...	41	35	76	

TUBERCULOSIS

New cases during 1956

					Male.	Female.	Total.
Pulmonary	...	...	...	...	3	1	4
Non-Pulmonary	...	...	...	...	0	1	1

Total cases on the Register:

Pulmonary	...	...	...	...	18	37*	55
Non-Pulmonary	...	...	...	...	5	3†	8

* Includes 13 cases in a residential institution in the District.

† Includes 2 cases in a residential institution in the District.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

No action under these Acts was necessary during the year.

MASS RADIOGRAPHY

The Unit paid a short visit to part of the Rural District during the year, when 242 persons availed themselves of the opportunity of this free chest examination.

Survey at	Number examined	Active Tb.	Inactive Tb.	Other.
Rawcliffe Hall	166	0	2	1
Snaith	242	1	0	5
	408	1	2	6

FACTORIES ACT, 1937 and 1948

(Extract from separate report to the Director of Statistics of the Ministry of Labour on Form 572, 1956)

Premises.	No. on Register	Inspections	Written Notices	Owners Prosecuted
Factories with Mechanical Power	4	1	0	0
„ without Mechanical Power	21	13	0	0
Workplaces	3	11	0	0
	28	25	0	0

Defects

Particulars.	Defects Found	Defects Remedied	Referred by H.M. Inspector	Prosecutions instituted
Want of Cleanliness	0	0	0	0
Inadequate Ventilation	0	0	0	0
Sanitary Conveniences insufficient or defective	1	1	0	0
Other Offences	2	5	3	0
	3	6	3	0

INFANTILE MORTALITY

Causes of Death in Age Groups

	Under 1 week.	1 to 2 weeks.	2 to 3 weeks.	2 to 4 weeks.	1 to 3 months.	3 to 6 months.	6 to 9 months.	9 to 12 months.	Total.
Asphyxia ...	...				1				1
Intussusception ...	...				1				1
Prematurity ...	1								1
Nephritis ...	...							1	1
Total ...	1				2			1	4

Cases of Infectious Disease notified during 1956

	At all ages	No. of cases notified According to Age							Deaths
		Under 1	1 to 4	5 to 14	15 to 24	25 to 44	45 to 64	Over 64	
Smallpox ...	...							
Diphtheria and Membranous Croup ...	...							
Erysipelas ...	...	2							2
Scarlet Fever ...	...							
Typhus Fever ...	...							
Enteric Fevers ...	...							
Relapsing and Continued Fevers ...	...							
Puerperal Pyrexia ...	...	1							1
Cerebro-spinal Meningitis ...	...							
Acute Post - Infective Encephalitis ...	...							
Ophthalmia Neonatorum ...	...							
Pulmonary Tuberculosis ...	3				1				1
Other forms of Tuberculosis	1								1
Measles ...	16	6	10						2
Primary Pneumonia ...	3								
Influenza Pneumonia ...									
Whooping Cough ...	34	3	15	16					
Dysentery ...	3		2						
Acute Poliomyelitis ...									
Totals ...	63	3	21	28	1	2	5	3	

WEST RIDING COUNTY DIVISIONAL HEALTH SERVICES IN GOOLE R.D., 1956

The Public Health Nursing Staff in this Division no longer works according to County District boundaries. Most of the figures in the following summaries refer to Goole R.D., but in certain cases the figures are those for the Rural District and Goole Borough combined, or for Division No. 10 as a whole.

1. BIRTHS:

Total notified	...	...	...	...	...	...	129
Stillbirths	...	...	...	...	...	...	7
Illegitimate	...	...	...	...	...	...	6
Males	...	...	...	...	...	...	63
Females	...	...	...	...	...	...	66

2. PREMATURE BABIES—Babies weighing $5\frac{1}{2}$ lb. or less at birth:

(i) Born at home	...	...	...	3	Stillborn	3
(ii) Born in hospital	...	...	...	1	„	1
				—		—
Total	...	...	...	4	„	4

3. HEALTH VISITING (for Division No. 10 as a whole):

		First Visits.	Other Visits.	Total.
Expectant Mothers	...	269	505	774
Children under 1 year	...	651	5839	6490
Children between 1 and 5	...	2561	5396	7957
Other cases	...	—	1912	1912
Ineffective visits	...	—	1439	1439
		—	—	—
Total	...	3481	15091	18572

4. CHILD WELFARE CLINICS:

(a) Total number of children under 5 years of age who first attended the Clinics during the year and who at the date of their first attendance were:—

Under 1 year	96
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(b) Total number of children under 5 years of age who attended the Clinics during the year and who at the end of the year were:—

(i) under 1 year	...	...	...	...	...	59
(ii) over 1 year	...	...	...	...	...	121

Number of sessions held:—

SNAITH	...	...	...	...	...	50
Total attendance	...	...	...	...	...	890
Average per session	...	...	...	...	...	17.8
SWINEFLEET	...	...	...	...	...	48
Total attendance	...	...	...	...	...	651
Average per session	...	...	...	...	...	13.3

5. SCHOOL HEALTH SERVICE:

Attendances at School Clinic	...	...	...	...	539
Number attending Pædiatric Consultant	...	...	...	...	8
Number attending Orthopædic Surgeon	...	...	...	...	8
Number attending County Oculist	...	...	...	...	113
Number prescribed Spectacles	...	...	...	...	50
Number attending Speech Therapy	...	...	...	...	3
Number inspected in School by School M.O.	...	...	...	...	488
Number inspected in School by School Nurse	...	...	...	2097	
Number of Verminous Heads	...	...	...	...	18
Tests for Mental Defect, primary	...	...	...	...	8
Re-examinations	...	...	...	...	5
Reported to M.D. Authority as ineducable	...	...	...	...	1
Recommended for Residential Schools	...	...	...	...	5
Attending Residential Schools	...	...	...	...	3
Reported to M.D. Authority for supervision	...	...	...	...	1

The following defects were found at Medical Inspections:

			Requiring treatment.	For observation.
Verminous heads	18 0
Skin	0 0
Vision	2 4
Other eye conditions	0 0
Hearing	0 0
Other ear defects	3 0
Nose and throat	1 1
Speech	0 2
Cervical glands	0 1
Heart and circulation	1 1
Lungs	0 1
Developmental	1 0
Orthopædic	0 2
Nervous system	0 0
Psychological	11 3
Other conditions	0 1

SCHOOL DENTAL SERVICE (Division No. 10 as a whole)

Number inspected	...	...	...	...	...	4691
Requiring treatment	...	...	...	...	...	3192
Offered treatment	...	...	...	...	...	2221
Treated	...	...	...	...	...	1636

6. MATERNITY SERVICES:

ANTE-NATAL CLINIC:		Snaith.	Swinefleet.
Number of patients attending	...	51	19
Total number of attendances	...	203	91
Number of sessions held	...	25	25
Average attendance per session	...	8·1	3·6

In addition, 43 expectant mothers made 125 attendances at the Goole Ante-Natal Clinic.

MOTHERS CONFINED IN HOSPITAL:

Goole Maternity Home	...	...	...	...	...	36
Leeds Hospitals	...	...	...	...	...	6
Wakefield Hospitals	...	...	...	...	...	6
York Hospitals	...	...	...	...	...	1
Scunthorpe Hospitals	...	...	...	...	...	2
Doncaster	...	...	...	...	...	1
						—
Total	...	...	...	...	...	52

COUNTY MIDWIVES:

There were 92 domiciliary confinements in the Rural District during 1956.

The following summary of the work of the County Midwives is for Division No. 10 as a whole:—

Number of cases	...	...	...	...	...	393
Number of visits	...	...	...	...	...	12066
Gas and air analgesia	...	...	...	...	...	287
Number of Midwives	...	...	...	...	...	9

7. HOME NURSING (Division No. 10 as a whole):

Number of cases	...	...	...	...	...	544
Number of visits	...	...	...	...	...	14862

8. HOME HELPS:

Home Helps were employed for 48,330 hours attending cases in the Division.

They attended the following cases in Goole R.D.:—

Lying-in	...	9	Aged illness	...	11
Expectant mothers	...		Illness	...	3

9. IMMUNISATION AGAINST DIPHTHERIA—during 1956:

Children under 5 years	83
Children over 5 years	26
						—

Total	109
Booster Doses	116
						—

Total	225
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Total number of children under 15 years of age who have been immunised up to the 31st December, 1956:—

Age—Years	0—1	1—4	5—9	10—14	Total under 15
Number	23	299	574	632	1528
Percentage	48·9		82·4		70·9

10. IMMUNISATION AGAINST WHOOPING COUGH:

				During 1956.	Up to Dec. 1956.
6 months to 1 year	...	...	...	64	
Under 6 months	...	...	...	1	2
1—2 years	...	...	...	6	
2—3 years	...	...	...	2	219
3—4 years	...	...	...	7	
				<hr/>	<hr/>
				80	221

11. B.C.G. VACCINATION OF SCHOOL CHILDREN (13 years of age):

Number of acceptances in 1956	...	...	33	(63·4%)
Pre-Vaccination Tuberculin Tests	...	...	19	(57·5%)
Positive (not requiring vaccination)	...	...	7	(36·8%)
Negative (requiring vaccination)	...	...	12	(63·2%)
			<hr/>	<hr/>
Number vaccinated with B.C.G.	...	...	12	
Number re-tested after 12 months	...	...	16	

12. VACCINATION AGAINST POLIOMYELITIS:

Children registered in 1956	...	...	...	...	370
Vaccinations completed	...	...	...	...	35
First injection only	...	...	...	...	1

13. MENTAL HEALTH:

(a) Mental Deficiency Acts, 1913—1938.

The number of mentally defective persons under supervision at the end of 1956 was as follows:—

		Male.	Female.	Total.
On Licence from Institutions	...	0	0	0
Under Guardianship	...	0	0	0
Under Statutory Supervision	...	12	8	20
Under Voluntary Supervision	...	0	2	2

(b) Lunacy and Mental Treatment Acts, 1890—1930.

Admission to Mental Hospitals by the Duly Authorised Officer during 1956 were as follows:—

		Male.	Female.	Total.
Voluntary Patients	...	5	6	11
By Temporary Order	...	2	0	2
By "Three-Day" Order	...	0	0	0
By Summary Reception Order	...	3	2	5

14. COUNTY AMBULANCE SERVICE:

The following are the details of patients from Division No. 10 carried by W.R.C.C. Ambulance during 1956:—

		Goole.	Selby.
Accident cases	...	480	120
Maternity cases	...	231	128
Other cases	...	13080	5796
Journeys made	...	3805	2272
Total patients carried	...	13791	5444
Mileage travelled	...	89784	72519

PUBLIC HEALTH DIVISION No. 10

The County Districts forming Division No. 10 are:—

Goole Borough	Selby Urban
Goole Rural	Selby Rural
Area of the Division (in acres)	... ... ... 76,692
Population (estimated mid-1956)	... ... ... 45,260

DIVISIONAL HEALTH OFFICE & STAFF:

6/7, Belgravia, Goole. Telephone Goole 936/7

Divisional Medical Officer & Divisional School Medical Officer:

S. KENNAUGH APPLETON, M.D., D.P.H., D.T.M.

Assistant County Medical Officers and School Medical Officers:

EILEEN M. R. BELL-SYER, M.B., B.S.;
MURIEL J. LOWE, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H., D.C.H.

School Dental Officers:

P. F. A. ELTOME, L.D.S. G. O. WOOD, L.D.S.
(Divisions 10 & 9).

Health Visitors and School Nurses:

Mrs. B. BEAL, Miss D. M. BUTLER, Miss J. DAVIS,
Mrs. M. DODSON, Mrs. M. HARGREAVES, Mrs. M. KELLY,
Mrs. L. PRATT, Miss A. RIDSDALE.

Home Nurses:

Miss P. K. AGAR, Mrs. A. BLACKBURN, Mrs. S. CLAYBOURN,
Mrs. W. E. DUFFIN, Mrs. L. A. POLLARD,
Miss M. WHITTAKER.

Domiciliary Midwives:

Mrs. E. BALLANCE, Miss I. CAMPBELL, Mrs. M. COLLIER,
Miss M. GILHOME, Mrs. M. E. HORNSHAW, Mrs. L.
KITCHEN, Miss M. ROBINSON, Miss A. TOLSON,
Miss E. WHITLEY.

Mental Health:

Mrs. M. MYERS, Social Worker (Divisions 10 & 12);
Mrs. D. H. MILLINGTON, Home Teacher (Division 10).

Physiotherapy: Miss E. ALDERSON (part-time).

Speech Therapy: Miss K. WADE (Divisions 10, 11 & 12).

Duly Authorised Officer: Mr. T. G. FOSTER.

Clerical:

Senior Clerk: Mr. R. TOWELL;

Miss S. L. BRAMHAM, Miss F. A. CAMPBELL,
Mr. H. DODSON, Mr. G. N. NOWILL, Miss B. REED,
Miss J. E. SMAJE, Miss M. E. WORMALD.

GOOLE RURAL DISTRICT COUNCIL

PUBLIC HEALTH INSPECTOR'S REPORT FOR 1956

149, Boothferry Road,
Goole.

To the Chairman and Members of the Goole Rural District Council

MR. CHAIRMAN, GENTLEMEN,

This is the first Annual Report which I have had the pleasure of presenting to the Council, and I would like to take the opportunity of thanking my predecessor, Mr. Plewes, and the staff for the help that they have given me in my first months in Goole. I would also like to thank the Members of the Council for their help and tolerance towards a stranger in their midst. It takes a considerable time to attain a working knowledge of a new district, for no two areas are alike and can accept the same solution to similar problems. The aim of all Public Health workers is the same, but the paths to reach the goal are many, and only experience can teach the right approach. I am now beginning to find my way about, and look forward to the tasks ahead.

Yours faithfully,

J. ALLEN POTTS,

Public Health Inspector.

HOUSING

During the year 24 Council houses were completed, bringing the total number of houses to 567. The programme included four single-bedroom bungalows in Rawcliffe, built on land taken from the very large gardens of previous Council houses. As building land is now very expensive and difficult to obtain, this "in-filling" of spaces between existing houses is likely to be tried on other sites; and it is possible that some of the older Council house tenants may wish to move into nearby bungalows and release houses for families.

Everyone cannot have, or indeed want, a Council house or a new house, and the equipping of old houses with modern amenities can provide very satisfactory accommodation for such people. During the year grants were made under the Housing Act, 1949, to 17 applicants for the improvement of old houses—mostly by the provision of bathrooms, w.c.s and improved heating facilities. Grants were made for the conversion of two houses into smaller units.

It is encouraging to note that the West Riding County Council are carrying out improvement works to some of their smallholdings property.

DRAINAGE AND SEWERAGE

The need for adequate sewerage and sewage disposal works in the district is urgent.

Swinefleet has a modern sewage pumping station where screened sewage is pumped direct to the tidal waters of the Ouse. With this exception, all the sewered villages discharge crude sewage into tidal waters or into grossly polluted minor watercourses so inaptly called "sanitary dykes." The emptying of a sewer direct to a tidal river brings its own problems. As no treatment is involved the system is invariably a "combined" one in which sewage and surface water are mixed. The sewage flows down to the river, leaving the pipe via a flap valve fixed at the end. When the waters of the river rise, however, the pipe end is submerged and the flap valve pressed shut, forcing sewage to build up and fill the sewers. Years ago this probably worked fairly satisfactorily, but the amount of sewage is now much greater than when the sewers were laid and the storage capacity of the outfall sewer inadequate. When heavy rainfall coincides with high tides, or the waters are in spate, the sewers fill and flooding occurs. The Rawcliffe system is similar to that described, but is further complicated by being divided, part emptying into the Aire, and part to the Don, and the two parts are linked by a small pipe which gives some relief; but the balance is very delicate and the alteration in position of a road gully during the year caused some flooding, although the position was only changed by two or three yards.

There is hope that sanction will soon be given for the construction of the Hook sewerage and sewage disposal works. It is to be hoped that Government financial restrictions do not further delay this and all the other waiting schemes, for it is difficult to imagine worse conditions than those existing in some of our villages.

REFUSE DISPOSAL

The steady increase in the refuse collection service has stretched it as far as it can go without employing another vehicle. There are still nearly 600 privy middens in the district, and it appears that only new sewerage schemes can make any notable reduction in the number of these abominations.

WATER SUPPLY

Part of the district is within the statutory area of supply of the Goole Borough Water Undertaking and most of the rest served by the R.D.C. mains which are linked to the Borough Council mains. Pressure at Snaith and Cowick has been improved by the removal of a pressure reducing valve at the junction of the two Authorities' mains. The whole area is well served with water of very good quality.

FOOD INSPECTION

Only two slaughterhouses are active in the district, most of the slaughtering being carried out at the market town where the stock is purchased. The low number of pigs killed is because there is no Deadweight Certification Centre in the district. All cattle and pigs are inspected, but no special journeys are made to inspect sheep, such animals being renowned for their disease-free condition.

During the year 4 cows and 92 other beasts were killed, 18 steers and heifers being affected with diseases or conditions other than tuberculosis and 6 with tuberculosis; 18 pigs were killed, 3 being affected with tuberculosis.

A small outbreak of suspected food poisoning at Pollington School during May was investigated. Samples of the school meals and pathological samples were sent to the Public Health Laboratory at once, but the outbreak cleared up very quickly without conclusive evidence of the cause.



